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1 52.1	E. ACE	THE GOLT SERVICE 10. DEPARTMENT, A	GENCY, OF SER	YYCE :	II. ORGANIZA	TACH SHIT		-
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	FACILITY OR EXAMPLE A. A.				a.ne a	s above	<u></u>	.
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SZ. STATEMENT	OF EXAMINEES & PRESENT HEALS	TO IN CHIN WORDS. (Fallow by description of	Ht 6'3		(100)			
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Healtl	h normal - feel	fine - no complaints.				•	•	i
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MEN TON	FAGE STATE OF HEAL	THE BEAD CAUSE OF DEATH	AGE AT	YES NG		ech sess,	BELATION,S	,
FAT-ER	1	Pneumonia	86	X	-440 TL BERG	1.056	Sister	
NOTHER	 	**	76	X_	-40 SYPHELE			<u>, </u>
SPOLSE	46 Normal		 -	-x -	HAD DIABETE	s	Mother	
EACTHERS	L53. L"	Tuberculosis		Y	HAD KIDNEY	TROUGH &		
AND.	51 "	Tuberculosis	52	X	HAD HEART T			
95706	50		1	X	4AD STONAC		:	
•		Combat W.V II	33	x	MAD RHELMA	TISM ATM		
CHLIPDI	22 Excellen	1	!	X	HVES	C HAY PELER		\Box
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	14 3	<u> </u>	<u> </u>	x	CEMMITTED	SUKIDE		3
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	ENER HAS OR HAVE YOU HOW . F	,	NES NO	(Chark earls -		~ · · ·	Clasi sech nem	
AE2 40	(Check each stem) PLET FEIER, ERYSIPELIS			A GROWTH CYS			OR LOCKED KNEE	" ÷
	ITHEPUA	X, 1'50cross	X sor				3C.8.E	_;_
	LMATIC FEVER	X-1 Note recess	X APPE	exems	-	¥ €RI	· · · · · · · · · · · · · · · · · · ·	•
X1 5W0	LLEN GR PANFUL JOSTS	XI ASTHMA	X HUES	or feital del	Œ		SS (fac. intentile)	
X NUN		X SHORTNESS OF BREATH		ENT OR PANE I		X	c = 1113	
X NHO	OPING COLGH	X: FAIN OR PRESSURE IN CHEST		Y STONE OR BLO	I IN LAINE	>	win, sea, or air se	
A	DLENT ON SEVERE MEADACHE	Х. снеоизс солен		R CRALELES D	LEENE		OF TRABLE SLEEP	
	UNESS CA FAINTING SPELLS	X PALPITATION OR POLNOING HEART	X BUILT				FF OR TENSETYING MICH	
Y EAR	NOSE OR THROAT TROUBLE	X HIGH OR LOW BLOCK PRESSURE X CRAWPS BY YOUR LEGS	—	NAL DISEASE	THE METICALE		F WEMDRY OR AMNE	
A	AING EURS	X FREQUENT INCIGESTION		PITIS OR PHE MA		X ES A		
	CAIC OR FREQUENT COLDS	X STONAGE LIVES OF RESTRAC PROJECT		JOYNT, OR OTHER			LS TROUBLE OF ANY	SORT
	ERE TOOTH OR GUM TROUBLE	X, SALL BLACOER TROUBLE OR GALL STONES	X UNE	- · 			TUG OR NARCOTIC H	ABIT :
X: SONU	SITIS	X, Autoce	X ross	OF APW, LEG. FING	EN. OR TOF	X tican	EVE DEPIKING HART	7
X; MY	FIVER	NO BURIL PLANT OF THE CONTROL OF THE	X rene	Y (N _POX_BOT	JER OR ELBOW	X -c=c	ED! "AL TENDENCIES	
21. HISE YOU	EVER (Check each stem)	· · · · · · · · · · · · · · · · · · ·	22 FEMALES	MY A MIE P	L EVER-	B COMPLETE T		
	ON GLASSES	X ATTEMPTED SUCIDE		PPEGALNT			CHSET OF MERSTRE	
	N AN ARTEKIAL EVE	X SEEN A SLEEP BALRER		HAS MAL DOOM			AL BETWEEN PERIOD	25 {
	EN HEARING AIDS	TURE ROLLOSIS		MEATED FOR A FEW			TON OF PERIODS	
	TTEPED OR STAMMERED IN A BRACE OR BACK SUPPORT	X SCHOOLS BLOCK X SCHOOLS START, WEST SAURT OR	 -	PARFLE WERSTR			SF LAST PERIOD	
EL WEN WANT	ADAS HAVE YOU HAD BY THE	24. WHAT IS THE LONGEST HERIOD YOU		TOUR LS.AL OCC.			L (CA ch one)	
PEST THRE	T YURS 1	HELD ANY OF THESE JORS!		siness M				-u- i
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YES	*0	CHECK EACH ITEM YES SA NO E	VERY STEM CHECKED. YES MUST BY FULLY EXPLANED IN BLANK SPICE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB SECA JEE OF	
	<u>_X</u>	A SENSITIVITY TO CHEMICALS DUST SURGET ETC.	
	<u>X</u>	B UNABILITY TO PERFORM CEPTAIN MOTIONS	
	-X-	C. INABILITY TO ASSLIVE CERTIFA POSITIONS	;
	X	D. OTHER MEDICAL REASONS (II yes, give reasons)	
	X	21. HAVE YOU EVER WORKED WITH BUDICACTIVE SUB- STANCET	
	X	29. BID YOU HAVE DEFFICATY WITH SCHOOL STUDIES OR TEACHERS' (If yea, give details)	
İ	x	10. HAVE YOU EVER BETA VEFUSED EMPLOYMENT BET WISE OF YOUR HEALTH! (If you, state reason and give details)	
	X	31. MAYE YOU EVER BEEN DENIED LIVE INS MANCE? (If you, state reason and dire details)	·
	х	32. NAVE YOU HAD OR OF IE YOU BEEN ADVISED TO HAVE. ANY OPERATIONS! (If yee, describe and give age at which oppured)	
	X	33. MAYE YOU EVER BEES A PATIENT (committed or voluntary). In & WESTEL POZNIL CA SANATORIUM (17 yes, speciary when, where, wrv., and name of doctor, and comprete address of hospital or clima.	
	X	M. HAVE YOU EVER HAD ANY BLASSS OR BULLEY OTHER THAN THOSE ALPEACY NOTED! (If yes, specify when, where, and give details)	
x		35. MAVE YOU CONSELTE OR BEEN THEATER BY CLINICS. PHYSICIANS. HEALERS, ON CITEAR PRACTICIONESS. WITHIN THE PAST 3 YEARS) (If yes, give complete address of doctor, hospital, clinic,	Dr. Ernesto Chavez, Jr. 06
-	x	36. HAVE YOU TREATED WOLRSELF FOR ILLNESSES OTHER THAN MINOR COLLS (If you, which illnessee)	Reforma 510-102 Mexico, D.F. Mexico
	x	II. MAYE YOU EVER BEEN REJECTED FOR WELTARY SERVICE BECAUSE OF PHYSICAL MEN'AL OR OTHER RUSGOS? (If yes, give date and reason for rejection)	
	x	38. HAVE YOU EVER MED DISCHARGED FROM WELTARY SERVICE BECAUSE OF PHYSICAL VENTAL, OR OTHER REASONS? (If yea, give date, reason, and type of discharge, whether bonorable, other than honorable, for undirense or unsutability)	
	x	IN MAYE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR I'P DO YOU INTEND TO APPLY FOR PHISION OR COMPOSATION FOR EXECUTIVE LISTING EXECUTIVE (If yes, specify what kind, granted by whom, and what amount, when, why,	
1 CE	T YUT	HAT I MAYE PEVIEWED THE FOREGOING INFORMATION SUP	PLES BY MY AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
OF PROC	HORLE	EANY OF THE DOCTORS, "CEPTIALS, OR CLINICS WENTON MY APPLICATION FOR "HIS EMPLOYMENT OR SERVICE.	ED ABOVE TO FURNISH THE GOVERNMENT A CONFLETE TRANSCRUPT OF MY MEDICAL RECORD FOR PUPPOSIS
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